PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

09/65/325

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | |
|--|--|--|---|-------------------------------|------------------------------|---------------------|-------|---|--------------------------|-------|----------------------------|------------------------|
| TC | OTAL CLAIMS | | | | | | | RATE | FEE | | RATE | FEE |
| FC | PR | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 150.00 | OR | BASIC FEE | 300.00 |
| TC | TAL CHARGEA | BLE CLAIMS | minus 20= | | * | | | X\$ 25= | | OR | X\$50= | |
| INC | EPENDENT CL | minus 3 = | | <u> </u> | | | X100= | | OR | X200= | | |
| ML | ILTIPLE DEPEN | IDENT CLAIM PE | RESENT | | | | | +180= | | OR | +360= | |
| * lf | the difference | in column 1 is | less than ze | ero, enter | r " 0" in c | olumn 2 | | TOTAL | - | OR | TOTAL | |
| 2-25-05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2) | | | | | | (Column 3) | | OTHER THA SMALL ENTITY OR SMALL ENTI | | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT. | | HIGH NUM PREVIO PAID | BER | PRESENT | | RATE | ADDI- TIONAL • FEE | | RATE | ADDI- TIONAL FEE |
| DMC | Total | . 74 | Minus | ** 5 | 6 | =/8 | | X\$ 25= | | OR | X\$50= | 900.00 |
| AME | Independent | . 15 | Minus | *** / | 5 | | | X100= | | OR | X200= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ł | +180= | | OR | +360= | |
| | | | | | | | | | | OR | TOTAL ADDIT. FEE | 906.Pd. |
| | | (Column 1) | | (Colu | mn 2) | (Column 3) | | ADDIT. FEE | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | IEST BER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Z D M | Total | * | Minus | ** | | = | | X\$ 25= | | OR | X\$50= | |
| AME | Independent | * | Minus | *** | - 01 4114 | = | | X100= | | OR | X200= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +180= | | OR | +360= | |
| | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | | | | | |
| | | <u>_</u> | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| MON | Total | * | Minus | ** | | = | | X\$ 25= | | OR | X\$50= | |
| ME | Independent | * | Minus | *** | | = | | X100= | | OR | X200= | |
| | FIRST PRESE | NTATION OF MU | JLTIPLE DEI | PENDEN | CLAIM | | L | +180= | | OR | +360= | |

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|-----------------|--|--|---|--|---------------------------|-----------------|---|--|--|--|
| | PETITI | ON FOR | R EXTENSION OF TIME UNDER 37 | Docket Number (Options | el) to care | | | | | |
| | | | FY 2005 | | 322 | | | | | |
| | _(Fees p | rursuant | to the Consolidated Appropriations Act. 2 | 14073US01 | SCHOOL MAN | evi esta fill | | | | |
| | | | ber 09/656,325 | Filed September 6, | | EAST SECTION | | | | |
| | FOI NETWORKED ELECTRONIC ORDNANCE SYSTEM | | | | | | | | | |
| | Art Unit | - 3641 | | Examiner T. Chamb | | | | | | |
| | This is a rapplication | ntified | | | | | | | | |
| | The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | | | | | |
| | Fee Small Entity Fee | | | | | | ł | | | |
| | | | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | | | | |
| | | | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | | | | |
| | | X | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ <u>1.020</u> | | | | |
| | | | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | | | | |
| | 1 | | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | s | | | | |
| | _ | | | | | | | | | |
| | | Applicant claims small entity status. See 37 CFR 1.27. | | | | | | | | |
| | A check in the amount of the fee is enclosed. | | | | | | | | | |
| | Payment by credit card. Form PTO-2038 is attached. | | | | | | | | | |
| | The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | | | | |
| | Ø | | | | | | | | | |
| | | | | | | | | | | |
| 03/08/2005 CCOF | WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. R 00000002 130017 09656325 | | | | | | | | | |
| 01 FC:1253 | 1020700 | POP | applicant/inventor. | | • | | | | | |
| 02 FC:1202 | 900.00 | DA | assignee of record of the entire int | | | | | | | |
| | | | Statement under 37 CFR 3.73() | | | | | | | |
| | ☑ attorney or agent of record. Registration Number 34.038 | | | | | | | | | |
| | attorney or agent under 37 CFR 1.34. | | | | | | | | | |
| | | Registration number if acting under 37 CFR 1.34 | | | | | | | | |
| | Å | | 41//// | F-1 | | | | | | |
| | <u> </u> | | Signature | February 25, 200 | | | | | | |
| | | Kirk A. Vander Leest | | | 312-775-8000 | | | | | |
| | | | Typed or printed name | Telephone Number | | l | | | | |
| | NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is regulated, see below. | | | | | | | | | |
| | ☑ Total of 1 form is submitted. | | | | | | | | | |
| İ | | | | | | | | | | |

This collection of information is required by 37 CFR 1.138(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including sathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this buttern, should be sent to the Chief Information Officer, U.S. Patern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Abstandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Abstandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.

PAGE 3/23 * RCVD AT 2/25/2005 3:29:53 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/5 * DNIS:8729306 * CSID:3127079155 * DURATION (mm-ss):08-54